



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	117622-00105
	First Inventor or Application Identifier	Lloyd Marks, et al.
	Title	METHOD AND DEVICE FOR MEASURING VASCULAR FUNCTION

U.S.PTO



APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

31431
10/15/01 30

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27</i>	10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>
3. <input checked="" type="checkbox"/> Specification Total Pages 13	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 3	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
5. <input type="checkbox"/> Oath or Declaration Total Pages a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <i>(for continuation / divisional w/ box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</i>	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)	14. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
7. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification or Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:	17. <input type="checkbox"/> Other:

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner: Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. Amend the specification by inserting before the first line the sentence:

- This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on
- This application claims priority of provisional application Serial No. Filed

20. CORRESPONDENCE ADDRESS

BLANK ROME LLP
600 NEW HAMPSHIRE AVENUE, N.W.
WASHINGTON, DC 20037
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27557

PATENT TRADEMARK OFFICE

Name: Michael C. Greenbaum	Registration No.: 28,419
Signature:	Date: January 20, 2004

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

Complete if Known

Application Number	Not yet assigned
Filing Date	January 20, 2004 (Herewith)
First Named Inventor	Lloyd Marks, et al.
Examiner Name	Not yet assigned
Group / Art Unit	Not yet assigned
Attorney Docket No.	117622-00105

TOTAL AMOUNT OF PAYMENT (\$)

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)																																														
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: 23-2185 Deposit Account Number				3. ADDITIONAL FEES Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet. 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 420 216 210 Extension for reply within second month 117 950 217 475 Extension for reply within third month 118 1,480 218 740 Extension for reply within fourth month 128 2,010 228 1,005 Extension for reply within fifth month 119 330 219 165 Notice of Appeal 120 330 220 165 Filing a brief in support of an appeal 121 280 221 145 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive – unavoidable 141 1,330 241 665 Petition to revive – unintentional 142 1,330 242 665 Utility issue fee (or reissue) 143 480 243 240 Design issue fee 144 640 244 320 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee for provisional applications 126 180 126 180 Submission of Information Disclosure Stmt 581 40 581 40 Recording each patent assignment per property (times number of properties) 146 770 246 385 Filing a submission after final rejection (37 CFR § 1.129(a)) 149 770 249 385 For each additional invention to be examined (37 CFR § 1.129(b)) 179 770 279 385 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify) _____																																														
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other																																																		
FEE CALCULATION																																																		
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> </tr> <tr> <td>101</td> <td>770</td> <td>201</td> <td>385</td> <td>Utility filing fee</td> <td>385</td> </tr> <tr> <td>106</td> <td>340</td> <td>206</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>530</td> <td>207</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>770</td> <td>208</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4">SUBTOTAL (1)</td> <td>(\$ 385)</td> </tr> </tbody> </table>								Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	770	201	385	Utility filing fee	385	106	340	206	170	Design filing fee		107	530	207	265	Plant filing fee		108	770	208	385	Reissue filing fee		114	160	214	80	Provisional filing fee		SUBTOTAL (1)				(\$ 385)
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2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20**</th> <th>=</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Independent Claims</td> <td>30</td> <td></td> <td>10</td> <td>X \$9</td> <td>\$90</td> </tr> <tr> <td>Multiple Dependent</td> <td>2</td> <td>-3**</td> <td>0</td> <td>X \$43</td> <td>\$0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$290</td> </tr> <tr> <td colspan="4">SUBTOTAL (2)</td> <td>(\$ 90)</td> </tr> </tbody> </table>								Total Claims	-20**	=	Extra Claims	Fee from below	Fee Paid	Independent Claims	30		10	X \$9	\$90	Multiple Dependent	2	-3**	0	X \$43	\$0						\$290	SUBTOTAL (2)				(\$ 90)														
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*or number previously paid, if greater; For Reissues, see above																																																		

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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Michael C. Greenbaum	Registration No. (Attorney/Agent)	28,419	Telephone	202-772-5800
Signature	<i>Handwritten signature of Michael C. Greenbaum</i>			Date	January 20, 2004